

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  | 18           |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 18 minus 20= | X            |
| INDEPENDENT CLAIMS  | 3 minus 3=   | X            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     |        |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18                               | 20                                 | =             |
| Independent   | 3                                | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

12/7/04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18                               | 20                                 | =             |
| Independent   | 3                                | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  |                                    | =             |
| Independent   |                                  |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                         |                          |
|---|-------------------------|--------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> |                         | Docket Number (Optional) |
| In re Application of: <b>Schofield</b>                      |                         |                          |
| Application Number <b>09/740705</b>                         | Filed <b>12/19/2000</b> |                          |
| <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b>                |                         |                          |
| Group Art Unit<br><b>2833</b>                               | Examiner<br><b>Ngo</b>  | <b>DEC 07 2004</b>       |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|  |   |
|--|---|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))             | \$ <u>110.00</u>                            |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ <u>430.00</u>                            |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))          | \$ <u>880.00</u>                            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))           | \$ <u>1,530.00</u>                          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))           | \$ <u>2,080.00</u> <input type="checkbox"/> |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees and fee deficiencies which may be required, or credit any overpayment, to Deposit Account Number 502569.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).  
                     attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12/17/04  
Date

*Lindsay McGuinness*  
Signature

Lindsay G. McGuinness, Reg. No. 38,549  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.